

## TRADING PARTNER PROFILE

### SECTION I — TRADING PARTNER INFORMATION

Name — Organization

Address — Organization (Street, City, State, Zip Code)

Name — Primary Contact

Address — Primary Contact (Street, City, State, Zip Code)

Telephone Number — Primary Contact

Fax — Primary Contact

E-mail Address — Primary Contact

Name — Technical Contact

Address — Technical Contact (Street, City, State, Zip Code)

Telephone Number — Technical Contact

Fax — Technical Contact

E-mail Address — Technical Contact

### SECTION II — FREE SOFTWARE USERS ONLY

Check the applicable program for which the trading partner will be using  
Provider Electronic Solutions (PES) software.

Wisconsin Medicaid

Health Insurance Risk  
Sharing Plan (HIRSP)

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### SECTION III — TRADING PARTNER TRANSACTION SETS

For each of the applicable programs, indicate the transaction sets that the  
trading partner will exchange.

Wisconsin  
Medicaid

HIRSP

WCDP

WWWP

X12 837 Health Care Claim: Dental

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N/A

N/A

X12 837 Health Care Claim: Institutional

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X12 837 Health Care Claim: Professional

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X12 997 Functional Acknowledgment

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X12 TA1 Interchange Acknowledgment

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(Continued)

**SECTION III — TRADING PARTNER TRANSACTION SETS (continued)**

	Wisconsin Medicaid	HIRSP	WCDP	WWWP
X12 835 Health Care Claim Payment/Advice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
X12 270 / 271 Health Care Eligibility Benefit Inquiry / Response	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N/A
X12 276 / 277 Health Care Claim Status Request / Response	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
X12 278 Health Care Services Review / Request for Response	<input type="checkbox"/>	N/A	N/A	N/A
National Council for Prescription Drug Programs (NCPDP) 5.1 Telecommunication Standard for Retail Pharmacy Claims	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

**SECTION IV — INDIVIDUAL COMPLETING FORM**

Name — Individual Completing Form	Telephone Number — Individual Completing Form		
Fax Number — Individual Completing Form	E-mail Address — Individual Completing Form		
<table border="1"> <tr> <td><b>SIGNATURE</b> — Individual Completing Form</td> <td>Date Signed</td> </tr> </table>		<b>SIGNATURE</b> — Individual Completing Form	Date Signed
<b>SIGNATURE</b> — Individual Completing Form	Date Signed		

**SECTION V — OFFICE USE ONLY (Do not write below this line)**

Date Profile Received	Date Profile Processed	Return Reason	Initials
Trading Partner Identification Number			